



## **VTHP Program Application**

This program application must be completed, signed, and submitted by all applicants in order to be considered for admission to the Veterans Transitional Housing Program.

The Veterans Transitional Housing Program (VTHP) is a Grant and Per Diem (GPD) collaboration with the U.S. Department of Veterans Affairs (VA). VTHP provides transitional housing to eligible male-identified Veterans who are experiencing homelessness or are at risk of homelessness, with supportive services aimed at promoting long-term housing stability. Maximum length of participation is two (2) years.

### **Program Eligibility**

Applicants must meet the following eligibility criteria to be considered for program admission:

- Served at least one (1) day active military duty
- Discharged under conditions other than dishonorable
- Currently experiencing homelessness or at risk of becoming homeless
- Income at or below 50% of area median income (AMI), willing to pay 30% of income in program fees
- Willing to adhere to all program guidelines, including *VTHP Substance-Free Policy and Procedure*
- Motivated to develop and actively work toward an individualized service plan (ISP)
- Capable of living independently, managing medications, performing all activities of daily living (ADLs)

Please note that open court cases, certain convictions, and/or offender status may disqualify an applicant from admission, or may result in postponement of admission.

### **Application Procedure and Participant Selection Process**

- Applications are available on the Porchlight website at [www.porchlightinc.org/veterans](http://www.porchlightinc.org/veterans). Applicants may request an application via mail or email by contacting VTHP program staff at (608) 441-2556. Veterans may also request an application from VA staff.
- Complete applications must include the following:
  - VTHP Program Application, including documentation of all income
  - Certificate of Release or Discharge from Active Duty (DD-214 Form)
  - VA Release of Information
- Application materials should be returned one of the following ways:

<u>Via mail:</u> Porchlight, Inc. – VTHP 1102 Spring Street Madison, WI 53715	<u>Via fax:</u> Porchlight, Inc. – VTHP Attn: Peer Support Specialist Fax: (608) 441-0149
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- VTHP staff will conduct an initial pre-screen with applicants to establish eligibility, ensure application materials are complete, and to discuss program services, guidelines, and expectations.
- Applicants who pass the initial pre-screen will be scheduled for an interview with VTHP staff and the VA Liaison. The interviewing team will determine whether the applicant is appropriate for admission.
- Applicants are accepted, denied, or lapsed after 30 days without contact. Applicants who request notice will receive written notice of rejection and reason(s) for rejection. Any appeals must be in writing.



**Porchlight, Inc.**  
**Veterans Transitional Housing Program**  
1102 Spring Street | Madison, WI 53715  
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### **VTHP Program Application**

#### **Acknowledgement of Receipt of Program Eligibility, Application Procedure, and Participant Selection Process**

I have read and understand the program eligibility requirements, application procedures, and process used by Porchlight to select participants for the Veterans Transitional Housing Program (VTHP).

My signature indicates that the information provided in this application is complete and accurate to the best of my knowledge, and I understand that failure to complete the application fully and honestly may result in the rejection of my application for program participation. I authorize VTHP and VA staff to verify all information included in this application.

Veteran Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Veteran Name (print clearly): \_\_\_\_\_

#### **Applicant Information**

Name (*first, middle initial, last*): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Current Address: \_\_\_\_\_

Branch of Service: \_\_\_\_\_ Dates: \_\_\_\_\_ Discharge Type: \_\_\_\_\_

#### **Professional References**

List two (2) people you know who are not family members or friends, and with whom you have been in contact within the last 90 days (e.g. health care providers, mental health or recovery professionals, caseworkers, clergy, homeless service staff, employers, probation/parole agents, etc.).

Name of Reference	Relationship to You	Years Known	Phone Number



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### VTHP Program Application

#### Housing History

List your last three (3) years of housing history. Dates must be in chronological reverse order with no gaps. Please include sheltered/unsheltered locations, staying with family/friends, episodes of incarceration, etc. If more space is required, please attach an additional sheet of paper.

Dates (month/year)	Landlord Name, Address, Phone	Your Address	Did you own or rent?
From: _____ To: <u>CURRENT</u>			Own <input type="checkbox"/> Rent <input type="checkbox"/> N/A <input type="checkbox"/> On lease? (circle): Y N
From: _____ To: _____			Own <input type="checkbox"/> Rent <input type="checkbox"/> N/A <input type="checkbox"/> On lease? (circle): Y N
From: _____ To: _____			Own <input type="checkbox"/> Rent <input type="checkbox"/> N/A <input type="checkbox"/> On lease? (circle): Y N
From: _____ To: _____			Own <input type="checkbox"/> Rent <input type="checkbox"/> N/A <input type="checkbox"/> On lease? (circle): Y N

YES \_\_\_\_\_ NO \_\_\_\_\_ Have you ever been evicted from an apartment or mutually agreed to end a lease for any reason? If so, please list all dates with an explanation.

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YES \_\_\_\_\_ NO \_\_\_\_\_ Have you ever lived in a Grant and Per Diem (GPD) program before? If so, please list all program names and dates.

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### VTHP Program Application

**Income Information**

Please include all income anticipated for the next 12 months. Failure to accurately disclose all income and/or assets may result in rejection of your program application.

Do you currently receive or expect to receive income from the following source(s):

YES \_\_\_\_\_ NO \_\_\_\_\_ Employment wages or salaries?

*(Please include overtime, tips, bonuses, commissions, and payments received in cash.)*

Employer Name	Address and Phone	Amount Per Month

YES \_\_\_\_\_ NO \_\_\_\_\_ Self-employment?

*(Please provide two (2) years of tax returns.)*

Company Name	Address and Phone	Amount Per Month

YES \_\_\_\_\_ NO \_\_\_\_\_ Unemployment benefits or worker’s compensation?

Source	Address and Phone	Amount Per Month

YES \_\_\_\_\_ NO \_\_\_\_\_ Veteran’s benefits, pensions, retirement benefits, annuities, or regular pay as a member of the Armed Forces?

*(Please include a copy of your award letter.)*

Source	Address and Phone	Amount Per Month

YES \_\_\_\_\_ NO \_\_\_\_\_ Social security, SSI, SSDI, or any other payments from the Social Security Administration?

*(Please include a copy of your award letter.)*

Source	Address and Phone	Amount Per Month



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YES \_\_\_\_\_ NO \_\_\_\_\_ Public assistance, general relief, W-2, or AFDC *(does not include FoodShare)?*

Source	Address and Phone	Amount Per Month

YES \_\_\_\_\_ NO \_\_\_\_\_ Child support, alimony, severance payments, or settlements?

Source	Address and Phone	Amount Per Month

YES \_\_\_\_\_ NO \_\_\_\_\_ Educational grants, scholarships, or other student benefits?

Source	Address and Phone	Amount Per Month

YES \_\_\_\_\_ NO \_\_\_\_\_ Regular gifts or payments from anyone outside of the household?  
*(Please include anyone supplementing your income or paying any of your bills.)*

Source	Address and Phone	Amount Per Month

YES \_\_\_\_\_ NO \_\_\_\_\_ Any other income sources or types not listed above?

Source	Address and Phone	Amount Per Month

**Asset Information**

Please list all assets currently held, as well as corresponding interest rate, dividends, or any other income derived from the asset. Assets may include checking/savings accounts, CDs, money market accounts, stocks, bonds, securities, trust funds, whole life insurance policies, pensions, IRAs, 401(k) or other retirement accounts, cash on hand over \$500, real estate holdings, safe deposit box, etc.

Source	Where Asset is Held	Address and Phone	Value/Amount Per Month



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#### **Zero Income Verification**

YES \_\_\_\_\_ NO \_\_\_\_\_ Do you currently have NO source of income?

#### **Additional Information**

YES \_\_\_\_\_ NO \_\_\_\_\_ Have you ever been convicted of a crime (not including traffic violations)?  
If so, please list all convictions and any explanation.

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YES \_\_\_\_\_ NO \_\_\_\_\_ Do you have a probation/parole agent? If so, please list the agent's name and contact number. *(Please also attach a copy of your supervision rules.)*

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YES \_\_\_\_\_ NO \_\_\_\_\_ Do you have a representative payee? If so, list the payee's name and contact number.

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YES \_\_\_\_\_ NO \_\_\_\_\_ Do you have a case manager? If so, list the case manager's name and contact number.

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YES \_\_\_\_\_ NO \_\_\_\_\_ Have you ever had an infestation of pests (bed bugs, roaches, termites, etc.)?  
If so, please list which pest(s) and dates.

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#### **Emergency Contact**

If possible, please list someone in the Dane County area. By listing a contact, you are granting staff permission to contact this person in the event of an emergency and/or an imminent concern for your safety.

Name *(print clearly)*: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Current Address: \_\_\_\_\_



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## **VTHP Program Application**

### **Authorization for the Release of Information**

I hereby authorize Porchlight, Inc. and the Veterans Transitional Housing Program to obtain housing, income, asset, medical, conviction, supervision, and reference information from current and previous entities (including but not limited to landlords, employers, financial institutions, brokerage companies, insurance companies, pension plans and administrators, medical providers, clinics, hospitals, pharmacies, social service agencies, governmental agencies, etc.) and/or persons that I have indicated on my current or previous application(s) as being the contact for providing such information.

I understand this information will be used for the purpose of determining program eligibility and/or calculating program fees. I understand that my refusal to sign this consent form may result in the denial of program admission for which I may otherwise be eligible. Some recipients may not be subject to federal data privacy regulations and the information disclosed may be used or re-disclosed without those legal protections. I understand that I have a right to revoke this consent by written request to the address above, except to the extent that the disclosing party has taken action in reliance upon this consent. I understand that I am entitled to a copy of this consent and authorize Porchlight to make multiple copies of this consent to facilitate the collection of needed information.

Applicant Name *(please print clearly)*: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Current Address: \_\_\_\_\_  
\_\_\_\_\_

*This authorization is valid until the applicant revokes authorization.*

**Penalties for misusing this consent:** Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the *Social Security Act 208 (a) (6), (7), and (8)*. Violations of these provisions are cited as violations of *42 U.S.C. 408 (a) (6), (7), and (8)*.